Entry Blank—Please Type or Print ☐ Ms./Artist Mr./Artist (last name last) Address . Daytime Tel. (216) 896-6770 44109 Temporary or Studio Address Street City Daytime Tel. (Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until September 5, 1993. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. I have received the unsold/unaccepted object(s) in good condition. Signature

Entry Blanks

Δ .		y category: ntings	☐ Scu ☑ Gra	phics	☐ Cra ☐ Pho	toar	aphy
Materials u	sed (medi	ia):		<u> </u>			
4	Amad	. 4 :					
Title	ARCO	DAL					
1,	EFT	DELLINIS	"				
Price or NF	S	Insurance if NFS Onl		~ DO			34"×1
NES	>	GRAPHICS	AND BHO	TOCRADU	height x v	viatn	x depth
Additional	No.	Total No. i		Price of			Price of
For Sale		Edition		Unframe	ed		Frame Only
ACCEPT	red	DO NOT V	VRITE IN	THIS S	ECTION		ACCEPTED
							</td
X		2	- 6	スノ			7
NOT ACCI	EPTED	2	- C	ス <i>)</i> ユ _	20	NC	OT ACCEPTED
X	Specify	category:	- €	•	□ Cra	fts	
NOT ACCI	Specify Pair	ntings	- € Scu Gra	•	□ Cra	fts	
NOT ACCI	Specify Pair	ntings		•		fts	
NOT ACCI	Specify Pair	ntings ia):		•		fts	
NOT ACCI	Specify Pair	ntings ia):		•		fts	
NOT ACCI	Specify Pair	ntings ia):	⊠ Gra	phics	□ Pho	fts	
NOT ACCI	Specify Pair Pair Seed (med	ntings ia):	▼ Gra	•	□ Pho	fts togr.	aphy 3 /× 1
NOT ACCI	Specify Pair Pair Seed (med	ntings ia): AL Insurance	THE Value	GAT	Size 3	fts togr.	aphy 31×1
NOT ACCI	Specify Pair Pair Sed (med	Insurance If NFS On	THE Value VAIUE AND PHO	GAT	Size 3 height x NY ONLY	fts togr.	aphy 3 /× 1
Materials u Title Price or NF Additional	Specify Pair Pair Seed (med	Insurance If NFS On GRAPHICS Total No. i Edition	THE Value VAIUE AND PHO	CATOGRAPH Price of Unframe	Size 3 height x NY ONLY	ffts togr.	aphy 31×1 x depth
NOT ACCI Materials u Title Price or NF Additional For Sale	Specify Pair Pair Seed (med	Insurance If NFS On GRAPHICS Total No. i Edition	THE Value AND PHO	CrAT OO TOGRAPH Price of Unframe	Size 3 height x v	ffts togr.	aphy 31×1 x depth Price of Frame Only
Materials u Title Price or NF Additional For Sale	Specify Pair Pair Seed (med	Insurance If NFS On GRAPHICS Total No. i Edition	THE Value AND PHO	CrAT OO TOGRAPH Price of Unframe	Size 3 height x v	ffts togr.	aphy 31×1 x depth Price of Frame Only